

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA				COURT CASE NUMBER Criminal No. 05-1849	
DEFENDANT Dana Jarvis, et al. (Barbara Hanna)				TYPE OF PROCESS Notice of Lis Pendens	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMNATE Unit E-2 of Hickox Office Concominums, Santa Fe County, NM				
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) _____				
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:				Number of process to be served with this Form - 285	105 OCT -4 PM SEP 29 PM 3:00 RECEIVED NEW MEXICO U.S. MARSHALS SERVICE
Stephen R. Kotz, Ass't United States Attorney Office of the United States Attorney PO Box 123 Albuquerque, NM 87103				Number of parties to be served in this case	
_____				Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)					
Please file the attached Notice of Lis Pendens with the <u>Santa Fe County Clerk</u> as soon as possible.					
Return filed Lis Pendens for filing with the court.					
Signature of Attorney or other Originator requesting service on behalf of: Stephen R. Kotz, AUSA				<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (505) 224-1464
DATE September 29, 2005					
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process No. _____	District of Origin No. <u>51</u>	District to Serve No. <u>51</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>9/29/05</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).					
Name and title of individual served (If not shown above):				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above):				Date of Service <u>9/30/05</u>	Time <u>1100</u> <u>am</u>
_____				Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges <i>(including endeavors)</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or
_____					Amount or Refund
REMARKS: <u>DOCS FILED</u>					

PRIOR EDITIONS MAY
BE USED

Make (5) copies when form is signed.
 SEND ORIGINAL + 4 COPIES to USMS. Copy #5 for your file. FORM USM 285 (Rev. 12/15/80)

1. CLERK OF COURT 2. USMS Record 3. Acknowledgment of Receipt 4. Billing Statement 5. Notice of Service